

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

DATE OF REPORT 2.a. NAME OF CANDIDATE OR COMMITTEE					
4-29-14 RANDY FAIRBANI	145				
2.b. IF COMMITTEE, NAME OF CANDIDATE	3. ELECTION DATE				
	5-6-14				
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State					
10017 Rolling Wind DR. Soddy Daisy, TN 3737	Zip Code Phone				
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.)	9 423-843-5026				
Street or Rural Route City State	Zip Code Phone				
5. OFFICE SOUGHT (include district number, if applicable) HAM County Commission - Dist 1 6. NAME OF POLITICAL Bill K	TREASURER (may be candidate)				
7. CATEGORY OR REPORT (Check one)	oger o				
FIRST SECOND THIRD FOURTH PRE- PRE- QUARTER QUARTER QUARTER PRIMARY GENERAL	MID-YEAR YEAR-END				
8.a. BEGINNING DATE OF REPORTING PERIOD 8.b. ENDING DATE OF REPORTING PERIOD	SUPPLEMENTAL SUPPLEMENTAL ORTING PERIOD				
9. (Check one)					
a. This campaign is exempt from detailed disclosure because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12d., 12e. and 12f.) b. This campaign is required to file a detailed financial disclosure because contributions (including in-kind) received total more than \$1,000 and/or expenditures total more than \$1,000 for this reporting period.					
10. I/we do solemnly swear or affirm that the information contained in this campaign financial disclosure report is true and that this report is an accurate accounting of campaign contributions and expenditures required to be reported by the candidate committee by the Campaign Financial Disclosure Act. Additionally, I/we swear or affirm that no campaign contributions have been expended for the personal financial benefit of the candidate or for any other nonpolitical purpose as defined by the federal internal revenue code. 4-38-14 signature of candidate date signature of political treasurer date					
11. WITNESS SIGNATURE	0				
May 4.28/11	1 10 11 00 11				
signature of witness date sign	ature of witness date				
12. SUMMARY					
a. BALANCE ON HAND LAST REPORT	s <u>3663.28</u>				
b. TOTAL RECEIPTS THIS PERIOD	s 3663.28 s 2000.00 s 4170.04				
c. TOTAL DISBURSEMENTS THIS PERIOD	s 4170.04				
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)	s_1493,24				
e. TOTAL LOANS OUTSTANDING	2 2 2 5				
f. TOTAL OBLIGATIONS OUTSTANDINGSTIWWOON NOT LOST	ss				
LINDUS MULTINA					



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD				
RANDY FAIRBANKS	FROM:4-1-14 TO:4-26-14				
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)					
a. Unitemized Contributions (\$100 or less from each source this period)	\$				
b. Itemized Contributions (over \$100 from each source this period)	\$				
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)					
16. LOANS RECEIVED THIS REPORTING PERIOD	\$ 2000.00				
17. INTEREST RECEIVED THIS REPORTING PERIOD	\$				
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	\$_2000.00				
DISBURSEMENTS					
19. EXPENDITURES (other than loan payments)					
a. Expenditures (\$100 or less each payee this period) (must be listed by category - e.	g., printing, postage, gasoline)				
<u>Supplies</u> \$ 94.6	7				
Sign Posts \$ 21.3	3				
\$					
\$					
\$	_				
\$					
\$					
Total of Expenditures (\$100 or less each payee)	\$116.00				
b. Itemized Expenditures (Over \$100 each payee this period)	\$ 4054.04				
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	4				
20. LOAN REPAYMENTS MADE THIS PERIOD	100				
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)					
22.IN-KIND CONTRIBUTIONS					
a. Unitemized in-kind contributions (\$100 or less from each source this period)\$					
b. Itemized in-kind contributions (over \$100 from each source this period)\$					
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.)\$					
23. OBLIGATIONS					
a. Unitemized Obligations Outstanding (\$100 or less each)\$					
b. Itemized Obligations Outstanding (Over \$100 each)\$					
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 12.f.)\$					

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE RANDY FAIRBA	2. REPORT COVERING FROM:44-1-14 TO			
3. TOTAL ITEMIZED CAMPAIGN EXPENDITU		nount		
4. COMPLETE THE APPROPRIATE ITEMS FOR E	EACH ITEMIZED EXPENDITURE (e	xpenditures totaling more than \$100 to	any payee during the period)	
First Name	Middle Name	Purpose of Expenditure	An	nount of Expenditure
Last Name/Business Name U.S. POST Office		_		
Address 307 Northgate N	Tall DR.	Postage	-	427,80
City Hisson	State Zip Code 31343			
First Name	Middle Name	Purpose of Expenditure	Am	nount of Expenditure
Last Name/Business Name Dial My Colls		2 11		
Address 1070 E. Indian	TOWN Rd	CALLS		500,00
Tupiter .	State Zip Code 33411			
First Name	Middle Name	Purpose of Expenditure	Am	nount of Expenditure
Last Name/Business Name Staple5				
Address 5450 Highway 153		Supplies	,	248.15
City Hitson	State Zip Code 373 43			
First Name	Middle Name	Purpose of Expenditure	Am	nount of Expenditure
Last Name/Business Name				
Address 5428 Highway 15	Sign Po.	st	119.30	
City Hix Son	State	,		
First Name	Middle Name	Purpose of Expenditure	An	nount of Expenditure
Last Name/Business Name Chatta Times Free 1			,	
Address 400 East 11th Sta	Advertiser	next	1500.00	
Chatta	State Zip Code 37403			
First Name	Middle Name	Purpose of Expenditure	Am	nount of Expenditure
Last Name/Business Name I Maye worl45		0.00		. =4.00
Address 3530 S. Broad	Mail		1258.79	
Chatta	State Zip Code 31409			
TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages (If this is the last page of expenditures, this amount must	s of this form are used.)			4054.04

ITEMIZED STATEMENT OF LOANS - CANDIDATE

RANDY FAINDANIUS 3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (bases totaling more than \$100 from any accret during the period). Complete the Following for the Source of the Loan First Name Randry Mode Name Chy Solly Duity To 2000.00 Lest All Endonwers or Guarantoes for Above Loan (If more space is needed please attach a page) First Name Chy Solly Duity Symb DR Lest All Endonwers or Guarantoes for Above Loan (If more space is needed please attach a page) First Name Chy Solly Duity Symb DR Lest All Endonwers or Guarantoes for Above Loan (If more space is needed please attach a page) First Name Chy Solly Duity Symb DR Address Chy Solly Duity Symb DR Symb Symb DR Andress Chy State DR Andress Chy St	NAME OF CANDIDATE OR COMMITTEE					2.	2. REPORT COVERING THE PERIOD				
S. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (leaves trading more than \$100 hom any accuse during the period) Correlate the Following for the Source of the Loan First Myre First Myre And Y Address JOURNAL STATE Address Addr	RANDY FAIRBANKS					F	FROM: TO: 4-1-14 4-24-14				
Complete the Following for the Source of the Loan Mode Name	3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 from any source during the period)										
Lest Name Organization Name Last NameOrganization Name Address City Soldy Dailyy State Zip Code City State Zip Code Amount Guaranteed Outstanding Address City State Zip Code Amount Guaranteed Outstanding Amount Guaranteed Outstanding First Name Mode Name First Name Mode Name Last NameOrganization Name Address Addres									76		
Address	I madio run	ne					20				
Col Rolling Wind Dr. State Zip Code City Cit				C)	200	0.00				
City State Zip Code City City State Zip Code City	Address 10017 Rolling Wind	DR		_				Date of Loan			
List All Endorsers or Guarantors for Above Loan (If more space is needed please attach a page)		Zip Code	19				al Election	4-14-14			
First Name Last Name/Organization Name Last Name/Organization Name Address Address Anount Guaranteed Outstanding First Name Middle Name Address City State Zip Code City Amount Guaranteed Outstanding Amount Guaranteed Outstanding First Name Middle Name Address City State Zip Code City State Zip Code City State Zip Code City Amount Guaranteed Outstanding Amount	List All Endon	0.0				1.545	ed please attac	h a page)			
Address Address City Solday Dairsy Amount Guaranteed Outstanding First Name Middle Name Last Name/Organization Name Address City Amount Guaranteed Outstanding First Name Last Name/Organization Name Address City Amount Guaranteed Outstanding Amount Guaranteed Outstanding First Name Middle Name First Name Middle Name First Name Last Name/Organization Name Address Address City Amount Guaranteed Outstanding Amount Guaranteed Out					The state of the s						
City State Zip Code		•			Last Name/Organization Name						
Amount Guaranteed Outstanding First Name Middle Name Last Name/Organization Name Address City State Zip Code Amount Guaranteed Outstanding Amount Guaranteed Outstanding First Name Middle Name First Name Middle Name Last Name/Organization Name Address City State Zip Code Amount Guaranteed Outstanding Outstanding Loan Balance (End of Period) First Name Outstanding Loan Balance (End of Period) First Name Outstanding Loan Balance (End of Period) End of Period) End of Period) City Amount Guaranteed Outstanding Outstanding Loan Balance (End of Period) End of Period) End of Period) City Amount Guaranteed Outstanding Outstanding Loan Balance (End of Period) End of Period) End of Period) City Amount Guaranteed Outstanding Outstanding Loan Balance (End of Period)	Address 10011 Rolling Wind DR			Address							
First Name Middle Name First Name Middle Name Last Name/Organization Name Last Name/Organization Name Address Address City State Zip Code City State Zip Code Amount Guaranteed Outstanding Middle Name Last Name/Organization Name Last Name/Organization Name Middle Name First Name Middle Name Last Name/Organization Name Address Address City State Zip Code City State Zip Code City State Zip Code City State Zip Code Amount Guaranteed Outstanding First Name Middle Name First Name Middle Name Last Name/Organization Name Address Address City State Zip Code City State Zip Code City State Zip Code City State Zip Code City State Zip Code City State Zip Code City State Zip Code Amount Guaranteed Outstanding Amount Guaranteed Outstandin			Zip Co	319	City				State	Zip Code	
Last Name/Organization Name Last Name/Organization Name Address City State Zip Code City State Zip Code Amount Guaranteed Outstanding First Name Middle Name Last Name/Organization Name Last Name/Organization Name Last Name/Organization Name Middle Name First Name Middle Name City State Zip Code City State Zip Code City State Zip Code Amount Guaranteed Outstanding Amount Guaranteed Outstanding First Name Middle Name First Name Middle Name First Name Middle Name First Name Middle Name Last Name/Organization Name Last Name/Organization Name Last Name/Organization Name Address City State Zip Code City State Zip Code City State Zip Code Othy State Zip Code Othy State Zip Code Amount Guaranteed Outstanding Amount Guaranteed Outstanding Outstandi				Amount Guaranteed Outstanding							
Address City State Zip Code City State Zip Code Amount Guaranteed Outstanding Amount Guaranteed Outstanding First Name Middle Name First Name Middle Name Last Name/Organization Name Last Name/Organization Name Address City State Zip Code City State Zip Code City State Zip Code Amount Guaranteed Outstanding Amount Guaranteed Outstanding First Name Middle Name First Name Middle Name Last Name/Organization Name Last Name/Organization Name City State Zip Code City State Zip Code Amount Guaranteed Outstanding Address Address Address City State Zip Code City State Zip Code City State Name/Organization Name Address Address Address Outstanding Amount Guaranteed Outstanding Amount Guaranteed Outstanding Amount Guaranteed Outstanding Outstanding Outstanding Amount Guaranteed Outstanding Amount Guaranteed Outstanding Amount Guaranteed Outstanding Outstanding Loan Balance (Eeginning of Period) Received Payments Sudia also be shown in item 16. on summary page. (Cital Joan sprents should also be shown in item 12.e. on front page.) Outstanding Loan Balance (Eeginning of Period) Received Payments Outstanding Loan Balance (Cital Joan Sprents Should also be shown in item 12.e. on front page.) Outstanding Loan Balance Received Should also be shown in item 12.e. on front page.)	First Name	st Name Middle Name			First Name Middle Name						
City State Zip Code City State Zip Code Amount Guaranteed Outstanding Amount Guaranteed Outstanding First Name Middle Name First Name Middle Name Last Name/Organization Name Address City State Zip Code City State Zip Code Amount Guaranteed Outstanding Amount Guaranteed Outstanding Amount Guaranteed Outstanding First Name Middle Name First Name Middle Name Last Name/Organization Name Last Name/Organization Name Last Name/Organization Name Last Name/Organization Name City State Zip Code City State Zip Code City State Zip Code Outstanding Amount Guaranteed Outstanding Address Outstanding Amount Guaranteed Outstanding Outstanding Outstanding Outstanding Outstanding Outstanding Outstanding Outstanding Loan Balance Received Payments (End of Pendo) Outstanding Loan Balance Received Payments (End of Pendo) Outstanding Loan Balance Received Payments	Last Name/Organization Name			Last Name/Organization Name							
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	(Total outstanding loan balance should also be shown in item 12.e. on front page.)					2000.00					